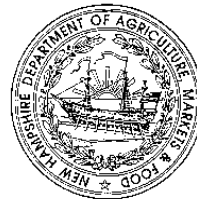




STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY
603-271-2404



Application for Animal Shelter Facility License

First Time Applicants Please Submit Proof of Non-profit Status

The undersigned hereby applies for a license as an animal shelter facility at the following described premises, in accordance with the provisions of RSA 437, for the period ending June 30, _____.

ANNUAL FEE: \$200.00 per each premise. (Fiscal Year July 1, _____ to June 30, _____.)
Any **new** animal shelter facility applying for a license after January 1, and before June 30, the license fee shall be \$100.00.

Premises to be licensed: _____

Organization/Individual

NH

Street or P.O. Box

City or Town

Zip

Telephone: _____ E-mail address: _____

Shelter hours: _____

Is shelter operated in the home? Yes____ No____

Is there a microchip reader available? Yes____ No ____

At any time have you been convicted of animal welfare violations in any state? Yes ____ No____

If yes, explain: _____

Submitted by: _____

Individual, Firm or Corporate Name

Street or P.O. Box

City/Town

State

Zip

Signature of Owner or Authorized Agent: _____

(Please also print name if signature is illegible)

Title

Telephone
(If different from above)

Make checks payable to:

Treasurer, State of New Hampshire
License fee is non-refundable

Mail application and fee to:

Division of Animal Industry
P. O. Box 2042
Concord, NH 03302-2042